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RECEIVED

JUN 17 2011

Health Care Facilities

536/800

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH CARE FACILITIES
227 FRENCH LANDING, SUITE 501
HERITAGE PLACE METROCENTER
NASHVILLE, TENNESSEE 37243
(615) 741-7221

**HOME FOR THE AGED
APPLICATION FOR INITIAL LICENSURE**

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at www.state.tn.us/health. Please check this website periodically for updates.

Name of the Facility/Agency Living the Dream - Retirement Living for Seniors, Inc.

Location of the Facility:

Street 1125 Deer Creek Drive City Cookeville
County Putnam State TN Zip 38501
Phone Number (931) [REDACTED] Fax Number (931) [REDACTED]
Twenty-four (24) Hour Emergency Phone Number (931) [REDACTED]
E-Mail Address ltd[REDACTED]@charter.net
Total Bed Capacity 22

Administrator Information:

Administrator Wendy Askins

Certificate number or license number if Licensed as a Nursing Home Administrator in Tennessee 00000001969

Have you (Administrator) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g., assault, battery, robbery, embezzlement or fraud)? Yes No X

If yes, what charge(s)? _____

Location of Conviction _____ Date _____
(City) _____ (County) _____ (State) _____

Mailing address If different from the Facility location address:

Name _____
Street _____
City _____ State _____ Zip _____

Ownership of Building:

Name Living the Dream Retirement Living for Seniors, Inc. Phone Number (931) [REDACTED]

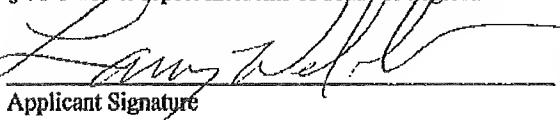
Street 1125 Deer Creek Drive
City Cookeville State TN Zip 38501

5. a. Do you have a contract with a management firm to operate this facility? Yes _____ No X
 If yes, specify dates: From _____ To _____
- b. If yes, specify name of firm: _____
 Phone Number (_____) _____
 Address: _____
6. a. Have any owners of the disclosing entity ever been denied a license, had a license suspended or revoked, had a suspension of admissions or paid any civil monetary penalties for a health care facility in Tennessee or in any other state? Yes _____ No X
 b. If yes, where? _____ When? _____
 c. For what reason? _____

VERIFICATION BY NOTARY PUBLIC:

Signee for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) § 68-11-201.

Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA § 71-6-103 to report incidents of abuse or neglect.

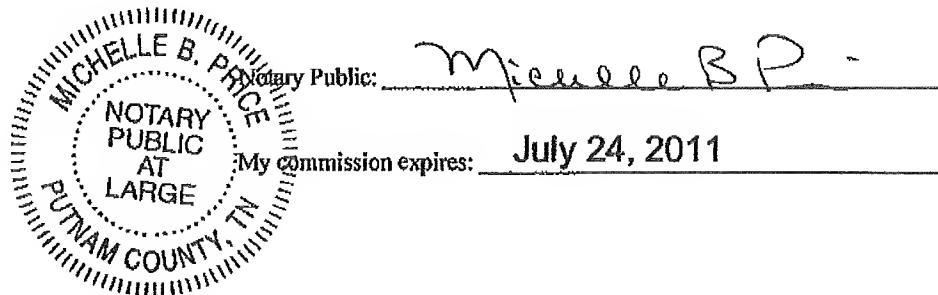
	President	June 1, 2011
Applicant Signature	Title or Position	Date

STATE OF TENNESSEE

County of Putnam

The above named applicant (print name) Larry Webb, being by me duly sworn on his/her oath, deposes and says that he/she has read the foregoing application and knows the contents thereof; that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to on this 1st day of June 2011
 (Month) (Year)



1d. Directors of Living the Dream (continued)

Kenneth Copeland [REDACTED] Livingston, TN 38570

John Pelham [REDACTED] McMinnville, TN 37110



TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH CARE FACILITIES
227 FRENCH LANDING, SUITE 501
HERITAGE PLACE METROCENTER
NASHVILLE, TN 37243
TELEPHONE (615) 741-7221
FAX 615-741-7051
www.tennessee.gov/health

June 17, 2011

Living the Dream-Retirement Living for Seniors, Inc
1125 Deer Creek Drive
Cookeville, TN 38501

Dear Ms. Askins:

This is to acknowledge receipt of your application and fee to apply for licensure of Living the Dream-Retirement Living for Seniors, Inc, home for the aged facility. Please review the instruction sheet that you received with the application to apply for licensure so that you are aware of the process for obtaining licensure of your facility. If a certificate of need is required to provide services, you will need to contact *Health Services and Developmental Agency* at (615) 741-2364.

Please remember that if you are applying for licensure of a facility that requires an architectural plans review you must submit those plans along with the plans review fee prior to scheduling a survey. For homes for the aged facilities specifically; TCA 368-11-202 allows "schematics shall be submitted to the department for approval of plans and specifications converting an existing single family dwelling" with six (6) or less beds.

It is your responsibility to contact the East Tennessee Regional Office to request a survey of your facility. Please submit the request in writing to Karen B. Kirby, Regional Administrator, Health Care Facilities, 5904 Lyons View Pike, Building #1, Knoxville, TN, 37919. If you would like to fax the request to Ms. Kirby the fax number is (865) 594-5739.

Your application and fee will be held in a pending status until you are recommended by the Regional Office for licensure. Once the recommendation for licensure is received from the regional office, your facility will receive a letter for "Initial Approval;" and then your application will be presented before the Board for Licensing Health Care Facilities for ratification and final approval at the next regularly scheduled board meeting. Your facility CAN operate once you receive the "Initial Approval."

In the event that a certificate of need is required prior to obtaining a license for this facility the application file will be closed, the day following the expiration date of the certificate of need.

Should you have any questions or if I can be of assistance to you please call me at (615) 741-7539 or you may email me at linda.mclear@tn.gov.

Sincerely,

Linda McClear
Administrative Services Assistant II
Health Care Facilities

CRAINE, THOMPSON, & JONES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

225 WEST FIRST NORTH STREET

P.O. Box 1779

SUITE 300, MILLENNIUM SQUARE

MORRISTOWN, TENNESSEE 37816-1779

423-586-7650

Independent Accountant's Report

To the Board of Directors
Living The Dream Senior Living I

We have examined the accompanying forecasted financial information for Living the Dream Senior Living I for the years ending December 31, 2012, 2013 and 2014. Living The Dream Senior Living I's management is responsible for this information. Our responsibility is to express an opinion on the study based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, included such procedures as we considered necessary to evaluate both the assumptions used by management and the preparation and presentation of the study. We believe that our examination provides a reasonable basis for our opinion.

In our opinion, the accompanying financial feasibility study is presented in conformity with guidelines for a presentation of a forecast established by the American Institute of Certified Public Accountants and the underlying assumptions provide a reasonable basis for management's forecast. However, there will usually be differences between the forecasted and actual results, because events and circumstances frequently do not occur as expected, and those differences may be material. We have no responsibility to update this report for events and circumstances occurring after the date of this report.

Craine, Thompson + Jones P.C.

June 23, 2011

JAMES W. CRAINE, CPA
GLENN B. THOMPSON, CPA, CFP, PFS
MIRA J. CRAINE, CPA

THOMAS M. JONES, CPA
HIRAM H. JONES, CPA

Living The Dream Senior Living I
Three Year Budget Proforma

Income	Year 1	Year 2	Year 3
Revenue/ 20 Tenants	\$288,000	\$288,864	\$289,731
Storage rental	\$ 11,800	\$ 11,800	\$ 11,800
Miscellaneous	\$ 1,000	\$ 1,000	\$ 1,000
Fund Raising	<u>\$ 40,000</u>	<u>\$ 41,200</u>	<u>\$ 42,436</u>
	\$340,800	\$342,864	\$344,967
 Expenses			
Management Fee	\$ 25,000	\$ 25,000	\$ 25,000
Supervisor	\$ 20,000	\$ 20,000	\$ 20,000
Office Expense	\$ 1,000	\$ 1,030	\$ 1,060
Cleaning Supplies	\$ 3,500	\$ 3,605	\$ 3,713
Bookkeeping	\$ 1,200	\$ 1,236	\$ 1,275
FICA/Social Security	\$ 14,000	\$ 14,000	\$ 14,000
General Maintenance	\$ 5,000	\$ 5,200	\$ 5,500
Business Fees	\$ 1,000	\$ 1,100	\$ 1,200
Utility	\$ 19,000	\$ 19,570	\$ 20,157
Water/Sewer	\$ 3,000	\$ 4,000	\$ 5,000
Cable	\$ 3,500	\$ 3,600	\$ 3,700
Taxes	\$ 12,000	\$ 13,000	\$ 13,500
Insurance	\$ 14,000	\$ 14,000	\$ 14,000
Audit	\$ 1,500	\$ 1,500	\$ 1,600
Food	\$ 38,555	\$ 41,110	\$ 43,665
Food Prep Personnel	\$ 20,000	\$ 21,000	\$ 21,500
GENERAL LIABILITY	\$ 14,000	\$ 14,000	\$ 14,000
House Keeping Personnel	\$ 10,000	\$ 12,000	\$ 14,000
Principal & Interest Payment	<u>\$ 72,000</u>	<u>\$ 72,000</u>	<u>\$ 72,000</u>
	\$278,255	\$286,951	\$294,870

Note: Tenants charges are \$1,200.00 each month



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HOME FOR THE AGED
APPLICATION FOR INITIAL LICENSURE

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at www.state.tn.us/health. Please check this website periodically for updates.

Name of the Facility/Agency Living the Dream Retirement Living for Seniors, Inc.

Location of the Facility:

Street 1125A Deer Creek Drive City Cookeville

County Putnam State TN Zip 38501

Phone Number (931) [REDACTED] Fax Number (931) [REDACTED]

Twenty-four (24) Hour Emergency Phone Number (931) 858-4117

E-Mail Address ltd...@charter.net

Total Bed Capacity 16

Administrator Information:

Administrator Wendy Askins

Certificate number or license number if Licensed as a Nursing Home Administrator in Tennessee 00000001969

Have you (Administrator) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g., assault, battery, robbery, embezzlement or fraud)? Yes No x

If yes, what charge(s)? _____

Location of Conviction _____ Date _____
(City) _____ (County) _____ (State) _____

Mailing address if different from the Facility location address:

Name _____

Street _____

City _____ State _____ Zip _____

Ownership of Building:

Name Living the Dream Retirement Living for Seniors, Inc. Phone Number (931) [REDACTED]

Street 1125 Deer Creek Drive

City Cookeville State TN Zip 38501

FEE SCHEDULE: (FEES ARE NON-REFUNDABLE)

<u>Bed Capacity</u>	<u>Fee</u>	<u>Bed Capacity</u>	<u>Fee</u>
1 thru 3	Not Licensed	75 thru 99	\$1,400
4 thru 5	\$ 300	100 thru 124	\$1,600
6 thru 24	\$ 800	125 thru 149	\$1,800
25 thru 49	\$1,000	150 thru 174	\$2,000
50 thru 74	\$1,200	175 thru 199	\$2,200

Facilities with 200 beds or more shall pay a flat rate of \$2400 + \$200 for each additional 25 beds or fraction thereof (i.e., 200-224 pays \$2,600; 225-24 pays \$2,800)

OWNERSHIP OF BUSINESS:

1. a. Check the type of Legal Entity:

Individual Partnership Corporation Limited Liability Company
 Church Related Government/County Other

- b. Check One: For Profit Non-profit

- c. Legal Entity checked in 1.a:

Name Living the Dream - Retirement Living for Seniors, Inc. Phone Number (931) 858-4117

Address 1125 Deer Creek Dr Cockeville TN 38501

- d. List name(s) and address(es) of individual owners, partners, directors of the corporation, or head of the governmental entity:

Wendy Askins		Cookeville, TN 38506
Name	Address	City, State, Zip
Larry Webb		Smithville, TN 37166
Name	Address	City, State, Zip
Sherry Thuman		Cookeville, TN 38501
Name	Address	City, State, Zip

(If additional space is needed, please use a separate sheet)

2. a. Is your facility/organization accredited by a federally approved accrediting body (i.e., JCAHO, CARF, etc)?

Yes No Expiration Date _____

- b. Is your facility/organization deemed by a federally approved accrediting body (i.e., JCAHO, CARF, etc)?

Yes No Expiration Date _____

3. If you have a parent company please provide the following information:

Name _____ Phone Number _____

Address _____

4. a. Are any owners of the disclosing entity or also owners of other health care facilities in Tennessee and/or other states? Yes No

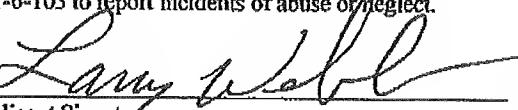
- b. If yes, list names and addresses of all such facilities:

5. a. Do you have a contract with a management firm to operate this facility? Yes _____ No X
 If yes, specify dates: From _____ To _____
- b. If yes, specify name of firm: _____
 Phone Number (_____) _____
 Address: _____
6. a. Have any owners of the disclosing entity ever been denied a license, had a license suspended or revoked, had a suspension of admissions or paid any civil monetary penalties for a health care facility in Tennessee or in any other state? Yes _____ No X
 b. If yes, where? _____ When? _____
 c. For what reason? _____

VERIFICATION BY NOTARY PUBLIC:

Signee for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) § 68-11-201.

Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA § 71-6-103 to report incidents of abuse or neglect.

	President	8/15/2011
Applicant Signature	Title or Position	Date

STATE OF TENNESSEE

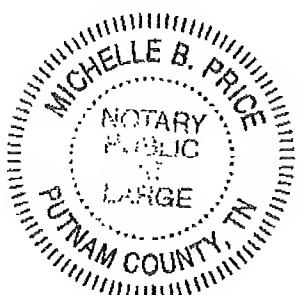
County of Putnam

The above named applicant (print name) Larry Webb, being by me duly sworn on his/her oath, deposes and says that he/she has read the foregoing application and knows the contents thereof: that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to on this 15th day of August 2011
 (Month) (Year)

Notary Public: Michelle P.

My commission expires: July 20, 2015



RECEIVED

NOV 28 2011

Health Care Facilities

November 14, 2011

12/4/11

Ms. Ann Reed
TN Department of Health
227 French Landing, Suite 501
Heritage Place MetroCenter
Nashville, TN 37243

Dear Ms. Reed,

Living the Dream Retirement Living for Seniors requests that our application as a Home for the Aged be withdrawn effective November 15, 2011. Thank you for your assistance with this licensure process.

Respectfully,



Larry Webb
President, Living the Dream

LW/mp

Linda,
For your
records.

AR



TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH CARE FACILITIES
227 FRENCH LANDING, SUITE 501
HERITAGE PLACE METROCENTER
NASHVILLE, TN 37243
TELEPHONE (615) 741-7221
FAX 615-741-7051
www.tennessee.gov/health

December 7, 2011

Living the Dream-Retirement Living for Seniors, Inc
1125 Deer Creek Drive
Cookeville, TN 38501

Dear Ms. Askins:

This is to acknowledge receipt of your letter to withdraw your application for licensure of Living the Dream – Retirement Living for Seniors, Inc, home for the aged facility located at 1125 Deer Creek Drive, Cookeville, Tennessee

If I can be of further assistance to you in the future please call me at (615) [REDACTED]

Sincerely,

Linda McLean
Administrative Services Assistant II
Health Care Facilities

Cc: Bill Harmon, Plans Review
Dee Ganaway, Office for Information Technology Services
Regional Office